

**NORTH CAROLINA
ALCOHOLIC BEVERAGE CONTROL COMMISSION**

**Location: 3322 GARNER ROAD
Raleigh NC 27610
(919)779-0700**

AMOUNT FEE PAID: _____
DATE: _____
RECEIVED BY: _____

APPLICATION: _____

MAIL TO ADDRESS AT BOTTOM OF PAGE
APPLICATION FOR DUPLICATE PERMITS

(Do Not Write Above This Line)

A certified check, cashier's check or money order in the amount of \$10.00, per location, wholesale salesman or vendor representative must be submitted with this application.

PLEASE PRINT

Reason for Duplicate (Check appropriate box) ☐ Lost or Damaged ☐ Trade Name Change ☐ Corporate Name Change
☐ Permittee Name Change (Including marriage/divorce) ☐ LLC Name Change (Submit new Articles)

Business Phone# () _____

Type of Ownership (Check One) ☐ Individual ☐ Partnership ☐ Corporation
☐ Limited Partnership ☐ Limited Liability Company

County in which Business is Located _____

Current or New Trade Name of Business _____

Location Address of Business _____
Street/Route City State Zip Code

Mailing Address of Business _____
Street/Route/PO Box City State Zip Code

If incorporated, Corporate Name _____

If LLC, LLC Name _____

Individual's Full Name _____
First (no abbreviations) Middle Last

Former Trade Name _____
(If application is for trade name change)

Former Corporate Name _____
(If application is for corporate name change)

Former LLC Name _____
(If application is for LLC name change)

Permit(s) Currently Held _____

Signature _____ Date _____

MAIL THIS APPLICATION TO:

If sending by US Postal
Service (regular mail):

**NC ABC COMMISSION
4307 MAIL SERVICE CENTER
RALEIGH NC 27699-4307**

If sending by US Postal Service EXPRESS MAIL or
by FEDEX / UPS:

**NC ABC COMMISSION
3322 GARNER ROAD
RALEIGH NC 27610**